

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-978)**

SERIAL NO. 10-070,406
AFFILIANT/IN

FILED DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5		2		2		
6		2		2		
7		2		2		
8		2		2		
9		2		2		
10		2		2		
11		0		0		
12		0		0		
13		0		0		
14		0		0		
15		0		0		
16		0		0		
17		0		0		
18		0		0		
19		0		0		
20		0		0		
21		0		0		
22		0		0		
23		0		0		
24		0		0		
25		0		0		
26		0		0		
27		0		0		
28		0		0		
29		0		0		
30		0		0		
31		0		0		
32		0		0		
33	1		1			
34	1		1			
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	39		39			
TOTAL CLAIMS	42		42			

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								